

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09779866

FILING DATE  
02/16/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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33	1					
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36	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	23	1	1	1	1	1
TOTAL CLAIMS	27	1	1	1	1	1

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51					
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100					
TOTAL IND.					
TOTAL DEP.		1	1	1	1
TOTAL CLAIMS		1	1	1	1